

EXHIBIT 165

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

**Quarterly Medicaid Statement of Expenditures
 For the Medical Assistance Program**

State: _____ **Quarter Ended:** _____

Certification				
CMS 64 Summary Sheet	Medical Assistance Payments		State and Local Administration	
	Total Computable	Federal Share	Total Computable	Federal Share
	(A)	(B)	(C)	(D)
Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)				

I certify that:

1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.
2. This report only includes expenditures under the Medicaid program under title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP) under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the Quarter Ended indicated above under Title XIX of the Act for the Medicaid program, and as applicable, under Title XXI of the Act for the SCHIP.
3. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates.
4. The required amount of state and/or local funds were available and used to match the state's allowable expenditures included in this report, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures.
5. Federal matching funds are not being claimed on this report to match any expenditure under any Medicaid and/or SCHIP state plan amendment that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the Quarter Ended indicated above.
6. The information shown above and on the Form CMS-64 Summary Sheet and the Supporting Schedules is correct to the best of my knowledge and belief.

Date: _____	Signature: _____	Title: _____
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User Performing Certification:

Forward completed Quarterly Statement of Expenditures (Summary Sheet) with supporting computation form(s) and schedule(s) to the

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter

State: _____ Quarter Ended: _____

Medical Assistance Payments	Total Comp.	Federal Share						Total Federal Share
		FMAP 70.45%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)	(F)	
1A	Inpatient Hospital Services - Regular Payments							
1B	Inpatient Hospital Service - DSH Adjustment Payments							
2A	Mental Health Facility Services - Regular Payments							
2B	Mental Health Facility Services - DSH Adjustment Payments							
3	Nursing Facility Services							
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers							
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers							
5	Physicians' Services							
6	Outpatient Hospital Services							
7	Prescribed Drugs							
7A1	Drug Rebate Offset - National Agreement							
7A2	Drug Rebate Offset - State Sidebar Agreement							
8	Dental Services							
9	Other Practitioners' Services							
10	Clinic Services							
11	Laboratory And Radiological Services							
12	Home Health Services							
13	Sterilizations							
14	Abortions No. 0							
15	EPSDT Screening Services							
16	Rural Health Clinic Screening							
17A	Medicare Health Insurance Payments - Part A Premiums							
17B	Medicare Health Insurance Payments - Part B Premiums							
17C1	120% - 134% Of Poverty							
17C2	135% - 175% Of Poverty							
17D	Coinsurance And Deductibles							

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

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**Medical Assistance Expenditures By Type Of Service
 For The Medical Assistance Program
 Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments	Total Comp.	Federal Share						Total Federal Share	
		FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share		
		70.45%	100%	90%					
(A)	(B)	(C)	(D)	(E)		(F)	(G)		
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B	Medicaid Health Insurance Payments: Prepaid Health Plans (PHP)								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
21	Community Supported Living Services								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

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**Expenditures for State and Local Administration
 For the Medical Assistance Program
 Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

		Total Computable	Federal Share			Total Federal Share
			FFP Rate	Federal Share	0.00%	
		(A)	(B)	(C)	(D)	
1	Family Planning					
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities					
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors					
2C	Design Development Or Installation Of MMIS: Drug Claims System					
3	Skilled Professional Medical Personnel					
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions					
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors					
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities					
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors					
6	Peer Review Organizations					
7A	Third Party Liability: Recovery Procedure - Billing Offset					
7B	Third Party Liability: Assignment Of Rights - Billing Offset					
8	Immigration Status Verification System Costs (100% FFP)					
9	Nurse Aide Training Costs					
10	Preadmission Screening Costs					
11	Resident Review Activities Costs					
12	Drug Use Review Program					
13	Outstationed Eligibility Workers					
14	TANF Base					
15	TANF Secondary 90%					
16	TANF Secondary 75%					
17	External Review					
18	Enrollment Brokers					
19	Other Financial Participation					
20	Total					

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

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**Allocation of Disproportionate Share Hospital
 Payment Adjustments to Applicable FFYs**

State:

Quarter Ended:

	Inpatient Hospital		Mental Health Fac. Serv.		Total	
	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)
FFY 1992 (10/01/1991 - 09/30/1992)						
1	Line 6					
2	Line 7					
3	Line 8					
4	Line 10					
FFY 1993 (10/01/1992 - 09/30/1993)						
1	FFY 1993 Allotment					
2	Amount Previously Reported - Title XIX					
3	Line 6					
4	Line 7					
5	Line 8					
6	Line 10					
7	Unused FFY 1993 Allotment					
FFY 1994 (10/01/1993 - 09/30/1994)						
1	FFY 1994 Allotment					
2	Amount Previously Reported - Title XIX					
3	Line 6					
4	Line 7					
5	Line 8					
6	Line 10					
7	Unused FFY 1994 Allotment					
FFY 1995 (10/01/1994 - 09/30/1995)						
1	FFY 1995 Allotment					
2	Amount Previously Reported - Title XIX					
3	Line 6					
4	Line 7					
5	Line 8					
6	Line 10					
7	Unused FFY 1995 Allotment					
FFY 1996 (10/01/1995 - 09/30/1996)						
1	FFY 1996 Allotment					
2	Amount Previously Reported - Title XIX					
3	Line 6					
4	Line 7					
5	Line 8					
6	Line 10					
7	Unused FFY 1996 Allotment					

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**Allocation of Disproportionate Share Hospital
 Payment Adjustments to Applicable FFYs**

State: _____ Quarter Ended: _____

		Inpatient Hospital	Mental Health Fac. Serv.	Total			
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 1997 (10/01/1996 - 09/30/1997)							
1	FFY 1997 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6						
4	Line 7						
5	Line 8						
6	Line 10						
7	Unused FFY 1997 Allotment						
FFY 1998 (10/01/1997 - 09/30/1998)							
1	FFY 1998 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 1998 Allotment						
FFY 1999 (10/01/1998 - 09/30/1999)							
1	FFY 1999 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 1999 Allotment						

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**Allocation of Disproportionate Share Hospital
 Payment Adjustments to Applicable FFYs**

State:

Quarter Ended:

		Inpatient Hospital	Mental Health Fac. Serv.		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable
		(A)	(B)	(C)	(D)	(E)
FFY 2000 (10/01/1999 - 09/30/2000)						
1	FFY 2000 Allotment					
2	Amount Previously Reported - Title XIX					
2A	Amount Previously Reported - CHIP Related - PE					
3	Line 6 - Title XIX					
3A	Line 6 - CHIP Related - PE					
4	Line 7 - Title XIX					
4A	Line 7 - CHIP Related - PE					
5	Line 8 - Title XIX					
5A	Line 8 - CHIP Related - PE					
6	Line 10 - Title XIX					
6A	Line 10 - CHIP Related - PE					
7	Subtotal - Title XIX					
7A	Subtotal - CHIP Related - PE					
8	Total To Date - Title XIX					
8A	Total - CHIP Related - PE					
9	Unused FFY 2000 Allotment					
FFY 2001 (10/01/2000 - 09/30/2001)						
1	FFY 2001 Allotment					
2	Amount Previously Reported - Title XIX					
2A	Amount Previously Reported - CHIP Related - PE					
3	Line 6 - Title XIX					
3A	Line 6 - CHIP Related - PE					
4	Line 7 - Title XIX					
4A	Line 7 - CHIP Related - PE					
5	Line 8 - Title XIX					
5A	Line 8 - CHIP Related - PE					
6	Line 10 - Title XIX					
6A	Line 10 - CHIP Related - PE					
7	Subtotal - Title XIX					
7A	Subtotal - CHIP Related - PE					
8	Total To Date - Title XIX					
8A	Total - CHIP Related - PE					
9	Unused FFY 2001 Allotment					

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 Centers for Medicare & Medicaid Services

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**Allocation of Disproportionate Share Hospital
 Payment Adjustments to Applicable FFYs**

State: _____ **Quarter Ended:** _____

		Inpatient Hospital		Mental Health Fac. Serv.		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 2002 (10/01/2001 - 09/30/2002)							
1	FFY 2002 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2002 Allotment						

Department of Health and Human Services
Centers for Medicare & Medicaid Services

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**Quarterly Medicaid Statement of Expenditures
For the Medical Assistance Program
Summary Sheet**

State: _____ **Quarter Ended:** _____

Section C Expenditures Reported for Period By Form Number	Medical Assist. Payments		Medicaid/CHIP		State and Local Admin.	
	Total Comp.	Fed. Share	Total Comp.	Fed. Share	Total Comp.	Fed. Share
	(A)	(B)	(C)	(D)	(E)	(F)
6. Expenditures In This Quarter						
From Form CMS-64.9/CMS-64.10						
From Form CMS-64.21						
From Form CMS-64.21U						
7. Adjustments Increasing Claims For Prior Quarters:						
From Form CMS 64.9P/CMS 64.10						
From Form CMS-64.21P						
From Form CMS-64.21UP						
8. Other Expenditures						
From Form CMS 64.9P/CMS 64.10P						
From Form CMS-64.21P						
From Form CMS-64.21UP						
9. Collections						
Collections From Form CMS-64.9 Summary Sheet						
10. Adjustments Decreasing Claims For Prior Quarters:						
A. Federal Audit						
From Form CMS 64.9P/CMS 64.10P						
From Form CMS 64.21P						
From Form CMS 64.21UP						
10. Adjustments Decreasing Claims For Prior Quarters:						
B. Other						
From Form CMS 64.9P/CMS 64.10P						
From Form CMS 64.21P						
From Form CMS 64.21UP						
10.C. Adjustments Decreasing Claims For Prior Quarters:						
From Form CMS-64.9O						
11. Net Expenditures Reported In This Period:						
Net Expenditures Reported This Period						

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Centers for Medicare & Medicaid Services

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter

State: _____ **Quarter Ended:** _____

Type of Waiver: Waiver Name: Waiver Number:	Total Comp	Federal Share					Total Federal Share
		FMAP	IHS Facility Services 100%	Family Plan Services 90%	Opt. Brst. & Cerv. Cancer Services 0.00%	Federal Share (F)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	
1A Inpatient Hospital Services - Regular Payments							
1B Inpatient Hospital Service - DSH Adjustment Payments							
2A Mental Health Facility Services - Regular Payments							
2B Mental Health Facility Services - DSH Adjustment Payments							
3 Nursing Facility Services							
4A Intermediate Care Facility Services - Mentally Retarded: Public Providers							
4B Intermediate Care Facility Services - Mentally Retarded: Private Providers							
5 Physicians' Services							
6 Outpatient Hospital Services							
7 Prescribed Drugs							
7A1 Drug Rebate Offset - National Agreement							
7A2 Drug Rebate Offset - State Sidebar Agreement							
8 Dental Services							
9 Other Practitioners' Services							
10 Clinic Services							
11 Laboratory And Radiological Services							
12 Home Health Services							
13 Sterilizations							
14 Abortions No.							
15 EPSDT Screening Services							
16 Rural Health Clinic Screening							
17A Medicare Health Insurance Payments - Part A Premiums							
17B Medicare Health Insurance Payments - Part B Premiums							
17C1 120% - 134% Of Poverty							
17C2 135% - 175% Of Poverty							
17D Coinsurance And Deductibles							
18A Medicaid Health Insurance Payments: Managed Care Organizations (MCO)							
18B Medicaid Health Insurance Payments: Prepaid Health Plans (PHP)							
18C Medicaid Health Insurance Payments: Group Health Plan Payments							
18D Medicaid Health Insurance Payments: Coinsurance And Deductibles							
18E Medicaid Health Insurance Payments: Other							
19 Home And Community-Based Services							
20 Home And Community-Based Care For Functionally Disabled Elderly							
21 Community Supported Living Services							
22 Programs Of All-Inclusive Care Elderly							
23 Personal Care Services							
24 Targeted Case Management Services							
25 Primary Care Case Management Services							
26 Hospice Benefits							
27 Emergency Services Undocumented Aliens							
28 Federally-Qualified Health Center							
29 Other Care Services							
30 Total							

Department of Health and Human Services
Centers for Medicare & Medicaid Services

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**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

Medical Assistance Payments		Total Comp.	Federal Share						Deferral Or C.I.N. Number	
			FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share		
			(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments									
1B	Inpatient Hospital Services: DSH Adjustment Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
3	Nursing Facility Services									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
5	Physicians' Services									
6	Outpatient Hospital Services									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
8	Dental Services									
9	Other Practitioners' Services									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									
17B	Medicare Health Insurance Payments: Part B Premiums									
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty									
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty									

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State: _____ Quarter Ended:
 _____ Fiscal Year:

Medical Assistance Payments		Total Comp.	Federal Share						Deferral Or C.I.N. Number	
			FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share		
			(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations									
18B	Medicaid Health Insurance Payments: Prepaid Health Plans									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19	Home And Community-Based Services									
20	Home And Community-Based Care For Functionally Disabled Elderly									
21	Community Supported Living Services									
22	Programs Of All-Inclusive Care Elderly									
23	Personal Care Services									
24	Targeted Case Management Services									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Other Care Services									
30	Total									

Department of Health and Human Services
Centers for Medicare & Medicaid Services

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:

Fiscal Year:

Line #								
Medical Assistance	Type of Waiver: Waiver Name: Waiver Number:	Total Comp.	Federal Share					Deferral Or C.I.N. Number
			FMAP	I.H.S Fac. Services 100%	Fam. Plan. Services 90%	Opt. Brst & Cerv. Cancer Services	0.00%	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
1A	Inpatient Hospital Services: Regular Payments							
1B	Inpatient Hospital Services: DSH Adjustment Payments							
2A	Mental Health Facility Services: Regular Payments							
2B	Mental Health Facility Services: DSH Adjustment Payments							
3	Nursing Facility Services							
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers							
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers							
5	Physicians' Services							
6	Outpatient Hospital Services							
7	Prescribed Drugs							
7A1	Drug Rebate - National Agreement							
7A2	Drug Rebate - State Sidebar Agreement							
8	Dental Services							
9	Other Practitioners' Services							
10	Clinic Services							
11	Laboratory And Radiological Services							
12	Home Health							
13	Sterilizations							
14	Abortions							
15	EPSDT Screening Services							
16	Rural Health Clinic Services							
17A	Medicare Health Insurance Payments: Part A Premiums							
17B	Medicare Health Insurance Payments: Part B Premiums							
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty							
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty							

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State: _____ Quarter Ended:
 _____ Fiscal Year:

Line #									
Medical Assistance Type of Waiver: Waiver Name: Waiver Number:	Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
		FMAP	I.H.S Fac. Services 100%	Fam. Plan. Services 90%	Opt. Brst & Cerv. Cancer Services	0.00%	Federal Share		
17D Medicare Health Insurance Payments: Coinsurance and Deductibles									
18A Medicaid Health Insurance Payments: Managed Care Organizations									
18B Medicaid Health Insurance Payments: Prepaid Health Plans									
18C Medicaid Health Insurance Payments: Group Health Plan Payments									
18D Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E Medicaid Health Insurance Program: Other									
19 Home And Community-Based Services									
20 Home And Community-Based Care For Functionally Disabled Elderly									
21 Community Supported Living Services									
22 Programs Of All-Inclusive Care Elderly									
23 Personal Care Services									
24 Targeted Case Management Services									
25 Primary Care Case Management Services									
26 Hospice Benefits									
27 Emergency Services Undocumented Aliens									
28 Federally-Qualified Health Center									
29 Other Care Services									
30 Total									

Medicaid Overpayment Adjustment

State: _____ Quarter Ended: _____

Overpayment Activity	Total Computable	Federal Share				Total Fed Share
		FY 1999	FY 2000	FY 2001	FY 2002	
		(A)	(B)	(C)	(D)	(E)
1 Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60-Day Time Limit						
2 Decreasing Adjustments To Amounts Previously Reported On Line 1						
3 Subtotal						
4 Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business						
5 Total Overpayment Adjustments This Quarter						

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

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**Third Party Liability Collections
 And Cost Avoidance**

State:

Quarter Ended:

	Total Computable	Federal Share
		(A)
A. Third Party Liability Collections		
A1A	Amount Of Third Liability Collections Made In This Quarter By Source: Medicare Title XVIII	
A1B1	Other Collections: Health Insurance	
A1B2	Other Collections: Casualty Insurance	
A1C	Total Collections Under Cooperative Agreements Section 1903(p) And Assignment of Right Section 1912	
A1C1	Total Collections: Less Excess Paid To Individuals	
A1C2	Net Collections To Reimburse State Title XIX Medical Payments	
A1C3	Less 15% Incentive Actually Paid Under Section 1903(p)(1)	
A1C4	Net Federal Share Of Collections Reportable	
A2	Total Third Party Liability Collections	
B. Cost Avoidance		
B1	Medicare Title XVIII	
B2	Health Insurance	
B3	Other Cost Avoidance	

Department of Health and Human Services
Centers for Medicare & Medicaid Services

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**Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures In This Quarter**

State:

Type of Waiver: Waiver Name: Waiver Number:	Total Computable	Federal Share			Total Federal Share
		FFP Rate	Federal Share	0.00%	
		(A)	(B)	(C)	
1 Family Planning					
2A Design Development Or Installation Of MMIS: Cost of In-House Activities					
2B Design Development Or Installation Of MMIS: Cost of Private Sector Contractors					
2C Design Development Or Installation Of MMIS: Drug Claims System					
3 Skilled Professional Medical Personnel					
4A Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions					
4B Operation Of An Approved MMIS: Cost of Private Sector Contractors					
5A Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities					
5B Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors					
6 Peer Review Organizations					
7A Third Party Liability: Recovery Procedure - Billing Offset					
7B Third Party Liability: Assignment Of Rights - Billing Offset					
8 Immigration Status Verification System Costs (100% FFP)					
9 Nurse Aide Training Costs					
10 Preadmission Screening Costs					
11 Resident Review Activities Costs					
12 Drug Use Review Program					
13 Outstationed Eligibility Workers					
14 TANF Base					
15 TANF Secondary 90%					
16 TANF Secondary 75%					
17 External Review					
18 Enrollment Brokers					
19 Other Financial Participation					
20 Total					

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

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**Expenditures for State and Local Administration
 For the Medical Assistance Program
 Prior Period Adjustments**

State: _____ **Quarter Ended:** _____
Prior Fiscal Year: _____

		Line #					
	Total Computable	Federal Share			Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		FFP Rate	Federal Share	0.00%			
	(A)	(B)	(C)	(D)	(E)		
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities						
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors						
2C	Design Development Or Installation Of MMIS: Drug Claims System						
3	Skilled Professional Medical Personnel						
4A	Operation Of An Approved MMIS: Cost Of In-House Activities						
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors						
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
6	Peer Review Organizations						
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO 0938-0067

**Expenditures for State and Local Administration
For the Medical Assistance Program
Prior Period Adjustments**

State:

Quarter Ended:
Prior Fiscal Year:

Type of Waiver: Waiver Name: Waiver Number:	Total Computable	Line #				Total Federal Share	Deferral Or C.I.N. Number
		FFP Rate	Federal Share	0.00%	Federal Share		
		(A)	(B)	(C)	(D)		
1 Family Planning							
2A Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
2C Design Development Or Installation Of MMIS: Drug Claims System							
3 Skilled Professional Medical Personnel							
4A Operation Of An Approved MMIS: Cost Of In-House Activities							
4B Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
6 Peer Review Organizations							
7A Third Party Liability: Recovery Procedure - Billing Offset							
7B Third Party Liability: Assignment Of Rights - Billing Offset							
8 Immigration Status Verification System Costs (100% FFP)							
9 Nurse Aide Training							
10 Preadmission Screening Costs							
11 Resident Review Activities Cost							
12 Drug Use Review Program							
13 Outstationed Eligibility Workers							
14 TANF Base							
15 TANF Secondary (90%)							
16 TANF Secondary (75%)							
17 External Review							
18 Enrollment Brokers							
19 Other Financial Participation							
20 Total							

**Department of Health and Human Services
Centers for Medicare & Medicaid Services
Provider-Related Donations And
Health Care Related Taxes, Fees, And Assessments
Received Under Public Law 102-234**

**Form Approved
OMB NO 0938-0067**

Summary Total Of Receipts From Form HCFA 64.11A

State: _____ **Quarter Ended:** _____

Category		Total Receipts
	(A)	(B)
Donations		
1.	Donations-Permissible (Bona Fide)	
1.A.	Donations-Permissible (Bona Fide) - SCHIP Related	
2.	Donations-Impermissible	
2.A.	Donations-Impermissible - SCHIP Related	
3.	Donations-Outstationed Eligibility Workers	
3.A.	Donations-Outstationed Eligibility Workers - SCHIP Related	
Taxes		
4.	Taxes-Permissible	
4.A.	Taxes-Permissible - SCHIP Related	
5.	Taxes-Impermissible	
5.A.	Taxes-Impermissible - SCHIP Related	
Fees		
6.	Fees - Permissible	
6.A.	Fees - Permissible - SCHIP Related	
7.	Fees - Impermissible	
7.A.	Fees Impermissible - SCHIP Related	
Assessments		
8.	Assessments - Permissible	
8.A.	Assessments - Permissible - SCHIP Related	
9.	Assessments - Impermissible	
9.A.	Assessments - Impermissible - SCHIP Related	
Totals		
10.	Total Permissible Taxes, Fees, and Assessments (Lines 4+4.A.+6+6.A.+8+8.A.)	
11.	Total Impermissible Taxes, Fees, and Assessments (Lines 5+5.A.+7+7.A.+9+9.A.)	

**Department of Health and Human Services
Centers for Medicare & Medicaid Services
Provider-Related Donations And
Health Care Related Taxes, Fees, And Assessments
Received Under Public Law 102-234**

**Form Approved
OMB NO 0938-0067**

Actual Receipts By Plan Name

State:	Quarter Ended:		
CODES:			
1. Donations - Permissible (Bona Fide)	4. Taxes - Permissible	7. Fees - Impermissible	
1.A. Donations - Permissible (Bona Fide) - SCHIP Related	4.A. Taxes - Permissible - SCHIP Related	7.A. Fees - Impermissible - SCHIP Related	
2. Donations - Impermissible	5. Taxes - Impermissible	8. Assessments - Permissible	
2.A. Donations - Impermissible - SCHIP Related	5.A. Taxes - Impermissible - SCHIP Related	8.A. Assessments - Permissible - SCHIP Related	
3. Donations - Outstationed Eligibility Workers	6. Fees - Permissible	9. Assessments - Impermissible	
3.A. Donations - Outstationed Eligibility Workers - SCHIP Related	6.A. Fees - Permissible - SCHIP Related	9.A. Assessments - Impermissible - SCHIP Related	
Code	Plan Name	Receipts	
(A)	(B)	(C)	

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

Medicaid Drug Rebate Schedule

State: _____ Quarter Ended: _____

Drug Rebate	Total Computable					
	Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Total
	06/30/2002	03/31/2002	12/31/2001	09/30/2001	06/30/2001 and Prior	
(A)	(B)	(C)	(D)	(E)	(F)	
1 Balance Of The Beginning Of The Quarter						
2 Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1						
3 Rebates Invoiced In This Quarter	0					
4 Subtotal	0					
5 Rebates Reported On This Expenditure Report	0					
6 Balance As Of The End Of The Quarter	0					

FOOTNOTE:

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO 0938-0067

Medicaid Program Expenditure Report
Other Narrative Explainations

State: _____ **Quarter Ended:** _____

Narrative

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

**Quarterly Medical Assistance Expenditures
 By State Children's Health Insurance Program
 Expenditure Categories**

State: _____ Quarter Ended: _____

Type of Eligible:	Total Comp.	Federal Share			Total Federal Share
		FMAP	IHS Facility Services	Fam. Plan. Services	
		0.00%	100%	90%	
1A Premiums: Up To 150% of Poverty Level - Gross Premiums Paid					
1B Premiums Up To 150% of Poverty Level: Cost Sharing Offsets					
1C Premiums Over 150% of Poverty Level - Gross Premiums Paid					
1D Premiums Over 150% of Poverty Level: Cost Sharing Offsets					
2 Inpatient Hospital Services - Regular Payments					
2A Inpatient Hospital Services - DSH Adjustments Payments					
3 Inpatient Mental Health Facility Services - Regular Payments					
3A Inpatient Mental Health Facility Services - DSH Adjustment Payments					
4 Nursing Care Services					
5 Physician And Surgical Services					
6 Outpatient Hospital Services					
7 Outpatient Mental Health Facility Services					
8 Prescribed Drugs					
8A1 Drug Rebate - National Agreement					
8A2 Drug Rebate - State Sidebar Agreement					
9 Dental Services					
10 Vision Services					
11 Other Practitioners' Services					
12 Clinic Services					
13 Therapy Services					
14 Laboratory And Radiological Services					
15 Durable And Disposable Medical Equipment					
16 Family Planning					
17 Abortions					
18 Screening Services					
19 Home Health					
20 Medicare Payments					
21 Home And Community-Based Services					
22 Hospice					
23 Medical Transportation					
24 Case Management					
25 Other Services					
26 Total					

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended:
 Fiscal Year:

Type Of Eligible:	Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
		FMAP	I.H.S Facility Services	Fam. Plan. Services		
		0.00%	100%	90%		
1A Premiums Up To 150% Of Poverty Level - Gross Premiums Paid						
1B Premiums Up To 150% Of Poverty Level - Cost Sharing Offset						
1C Premiums Over 150% Of Poverty Level - Gross Premiums Paid						
1D Premiums Over 150% Of Poverty Level - Cost Sharing Offset						
2 Inpatient Hospital Services - Regular Payments						
2A Inpatient Hospital Services - DSH Adjustments Payments						
3 Inpatient Mental Health Facility Services - Regular Payments						
3A Inpatient Mental Health Facility Services - DSH Adjustments Payments						
4 Nursing Care Services						
5 Physician And Surgical Services						
6 Outpatient Hospital Services						
7 Outpatient Mental Health Facility Services						
8 Prescribed Drugs						
8A1 Drug Rebate - National Agreement						
8A2 Drug Rebate - State Sidebar Agreement						
9 Dental Services						
10 Vision Services						
11 Other Practitioners' Services						
12 Clinic Services						
13 Therapy Services						
14 Laboratory And Radiological services						
15 Durable And Disposable Medical Equipment						
16 Family Planning						
17 Abortions						
18 Screening Services						
19 Home Health						
20 Medicare Payments						
21 Home And Community-Based Services						
22 Hospice						
23 Medical Transportation						
24 Case Management						
25 Other Services						
26 Balance						
27 Collections						
28 Total						

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

**Quarterly Medical Assistance Expenditures
 By State Children's Health Insurance Program
 Expenditure Categories**

State: _____ **Quarter Ended:** _____

Type of Eligible:	Total Computable	Federal Share			Total Federal Share
		FMAP	I.H.S Facility Services 100%	Fam. Plan. Services 90%	
		(A)	(B)	(C)	(D)
1A Premiums: Up To 150% of Poverty Level - Gross Premiums Paid					
1B Premiums Up To 150% of Poverty Level: Cost Sharing Offsets					
1C Premiums Over 150% of Poverty Level - Gross Premiums Paid					
1D Premiums Over 150% of Poverty Level: Cost Sharing Offsets					
2 Inpatient Hospital Services - Regular Payments					
2A Inpatient Hospital Services - DSH Adjustments Payments					
3 Inpatient Mental Health Facility Services - Regular Payments					
3A Inpatient Mental Health Facility Services - DSH Adjustment Payments					
4 Nursing Care Services					
5 Physician And Surgical Services					
6 Outpatient Hospital Services					
7 Outpatient Mental Health Facility Services					
8 Prescribed Drugs					
8A1 Drug Rebate - National Agreement					
8A2 Drug Rebate - State Sidebar Agreement					
9 Dental Services					
10 Vision Services					
11 Other Practitioners' Services					
12 Clinic Services					
13 Therapy Services					
14 Laboratory And Radiological Services					
15 Durable And Disposable Medical Equipment					
16 Family Planning					
17 Abortions					
18 Screening Services					
19 Home Health					
20 Medicare Payments					
21 Home And Community-Based Services					
22 Hospice					
23 Medical Transportation					
24 Case Management					
25 Other Services					
26 Total					

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended:
 Fiscal Year:

Type Of Eligible:	Total Computable (A)	Line #			Total Federal Share (E)	Deferral Or C.I.N. Number (F)		
		Federal Share						
		FMAP 0.00%	I.H.S Facility Services 100%	Fam. Plan. Services 90%				
1A Premiums Up To 150% Of Poverty Level - Gross Premiums Paid								
1B Premiums Up To 150% Of Poverty Level - Cost Sharing Offset								
1C Premiums Over 150% Of Poverty Level - Gross Premiums Paid								
1D Premiums Over 150% Of Poverty Level - Cost Sharing Offset								
2 Inpatient Hospital Services - Regular Payments								
2A Inpatient Hospital Services - DSH Adjustments Payments								
3 Inpatient Mental Health Facility Services - Regular Payments								
3A Inpatient Mental Health Facility Services - DSH Adjustments Payments								
4 Nursing Care Services								
5 Physician And Surgical Services								
6 Outpatient Hospital Services								
7 Outpatient Mental Health Facility Services								
8 Prescribed Drugs								
8A1 Drug Rebate - National Agreement								
8A2 Drug Rebate - State Sidebar Agreement								
9 Dental Services								
10 Vision Services								
11 Other Practitioners' Services								
12 Clinic Services								
13 Therapy Services								
14 Laboratory And Radiological services								
15 Durable And Disposable Medical Equipment								
16 Family Planning								
17 Abortions								
18 Screening Services								
19 Home Health								
20 Medicare Payments								
21 Home And Community-Based Services								
22 Hospice								
23 Medical Transportation								
24 Case Management								
25 Other Services								
26 Balance								
27 Collections								
28 Total								

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

**Quarterly Medical Assistance Expenditures
 By State Children's Health Insurance Program
 Expenditure Categories**

State:

Quarter Ended:

Type of Eligible:	Total Comp.	Federal Share		Total Federal Share
		FMAP	Enhanced FMAP	
		0.00%	0.00%	
1A Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2 Inpatient Hospital Services - Regular Payments				
2A Inpatient Hospital Services - DSH Adjustments Payments				
3 Inpatient Mental Health Facility Services - Regular Payments				
3A Inpatient Mental Health Facility Services - DSH Adjustment Payments				
4 Nursing Care Services				
5 Physician And Surgical Services				
6 Outpatient Hospital Services				
7 Outpatient Mental Health Facility Services				
8 Prescribed Drugs				
8A1 Drug Rebate - National Agreement				
8A2 Drug Rebate - State Sidebar Agreement				
9 Dental Services				
10 Vision Services				
11 Other Practitioners' Services				
12 Clinic Services				
13 Therapy Services				
14 Laboratory And Radiological Services				
15 Durable And Disposable Medical Equipment				
16 Family Planning				
17 Abortions				
18 Screening Services				
19 Home Health				
20 Medicare Payments				
21 Home And Community-Based Services				
22 Hospice				
23 Medical Transportation				
24 Case Management				
25 Other Services				
26 Total				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO 0938-0067

**Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program
Expenditure Categories**

State: _____ **Quarter Ended:** _____

Type of Eligible:	Total Comp.	Federal Share		Total Federal Share
		FMAP 0.00%	Enhanced FMAP 0.00%	
Waiver Name:	(A)	(B)	(C)	(D)
Waiver Number:				
1A Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2 Inpatient Hospital Services - Regular Payments				
2A Inpatient Hospital Services - DSH Adjustments Payments				
3 Inpatient Mental Health Facility Services - Regular Payments				
3A Inpatient Mental Health Facility Services - DSH Adjustment Payments				
4 Nursing Care Services				
5 Physician And Surgical Services				
6 Outpatient Hospital Services				
7 Outpatient Mental Health Facility Services				
8 Prescribed Drugs				
8A1 Drug Rebate - National Agreement				
8A2 Drug Rebate - State Sidebar Agreement				
9 Dental Services				
10 Vision Services				
11 Other Practitioners' Services				
12 Clinic Services				
13 Therapy Services				
14 Laboratory And Radiological Services				
15 Durable And Disposable Medical Equipment				
16 Family Planning				
17 Abortions				
18 Screening Services				
19 Home Health				
20 Medicare Payments				
21 Home And Community-Based Services				
22 Hospice				
23 Medical Transportation				
24 Case Management				
25 Other Services				
26 Total				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO 0938-0067

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State: _____ Quarter Ended: _____
Fiscal Year: _____

Type of Eligible:	Total Comp.	Line #			Deferral Or C.I.N. Number	
		Federal Share	Enhanced FMAP 0.00%	Total Federal Share		
		FMAP 0.00%				
(A)	(B)	(C)	(D)	(E)		
1A Premiums Up To 150% Of Poverty Level - Gross Premiums Paid						
1B Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets						
1C Premiums Over 150% Of Poverty Level - Gross Premiums Paid						
1D Premiums Over 150% Of Poverty Level - Cost Sharing Offsets						
2 Inpatient Hospital Services - Regular Payments						
2A Inpatient Hospital Services - DSH Adjustments Payments						
3 Inpatient Mental Health Facility Services - Regular Payments						
3A Inpatient Mental Health Facility Services - DSH Adjustments Payments						
4 Nursing Care Services						
5 Physician And Surgical Services						
6 Outpatient Hospital Services						
7 Outpatient Mental Health Facility Services						
8 Prescribed Drugs						
8A1 Drug Rebate - National Agreement						
8A2 Drug Rebate - State Sidebar Agreement						
9 Dental Services						
10 Vision Services						
11 Other Practitioners' Services						
12 Clinic Services						
13 Therapy Services						
14 Laboratory And Radiological Services						
15 Durable And Disposable Medical Equipment						
16 Family Planning						
17 Abortions						
18 Screening Services						
19 Home Health						
20 Medicare Payments						
21 Home And Community-Based Services						
22 Hospice						
23 Medical Transportation						
24 Case Management						
25 Other Services						
26 Balance						
27 Collections						
28 Total						

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

Quarterly Medical Assistance Expenditures
By State Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State: Alabama

Quarter Ended: 06/30/2002

Fiscal Year:

Type of Eligible:		Line #				Deferral Or C.I.N. Number	
		Federal Share		Total Federal Share			
		Total Comp.	FMAP 0.00%	Enhanced FMAP 0.00%			
Type of Waiver:		(A)	(B)	(C)	(D)	(E)	
Waiver Name:							
Waiver Number:							
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid						
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets						
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid						
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets						
2	Inpatient Hospital Services - Regular Payments						
2A	Inpatient Hospital Services - DSH Adjustments Payments						
3	Inpatient Mental Health Facility Services - Regular Payments						
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
14	Laboratory And Radiological Services						
15	Durable And Disposable Medical Equipment						
16	Family Planning						
17	Abortions						
18	Screening Services						
19	Home Health						
20	Medicare Payments						
21	Home And Community-Based Services						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Balance						
27	Collections						
28	Total						

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:	Total Comp.	Federal Share						Total Federal Share
		FMAP 70.45%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)	(F)	
1A	Inpatient Hospital Services - Regular Payments							
1B	Inpatient Hospital Service - DSH Adjustment Payments							
2A	Mental Health Facility Services - Regular Payments							
2B	Mental Health Facility Services - DSH Adjustment Payments							
3	Nursing Facility Services							
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers							
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers							
5	Physicians' Services							
6	Outpatient Hospital Services							
7	Prescribed Drugs							
7A1	Drug Rebate Offset - National Agreement							
7A2	Drug Rebate Offset - State Sidebar Agreement							
8	Dental Services							
9	Other Practitioners' Services							
10	Clinic Services							
11	Laboratory And Radiological Services							
12	Home Health Services							
13	Sterilizations							
14	Abortions No. 0							
15	EPSDT Screening Services							
16	Rural Health Clinic Screening							
17A	Medicare Health Insurance Payments - Part A Premiums							
17B	Medicare Health Insurance Payments - Part B Premiums							
17C1	120% - 134% Of Poverty							
17C2	135% - 175% Of Poverty							
17D	Coinsurance And Deductibles							

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

**Medical Assistance Expenditures By Type Of Service
 For The Medical Assistance Program
 Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:	Total Comp.	Federal Share					Total Federal Share
		FMAP 70.45%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%	
		(A)	(B)	(C)	(D)	(E)	(F)
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)						
18B	Medicaid Health Insurance Payments: Prepaid Health Plans (PHP)						
18C	Medicaid Health Insurance Payments: Group Health Plan Payments						
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles						
18E	Medicaid Health Insurance Payments: Other						
19	Home And Community-Based Services						
20	Home And Community-Based Care For Functionally Disabled Elderly						
21	Community Supported Living Services						
22	Programs Of All-Inclusive Care Elderly						
23	Personal Care Services						
24	Targeted Case Management Services						
25	Primary Care Case Management Services						
26	Hospice Benefits						
27	Emergency Services Undocumented Aliens						
28	Federally-Qualified Health Center						
29	Other Care Services						
30	Total						

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO 0938-0067

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

Line #									
Medical Assistance Payments Special Issue Reporting Program:		Federal Share							Deferral Or C.I.N. Number
		Total Comp.	FMAP 70.45%	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services 0.00%	Federal Share	Total Federal Share	
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments								
1B	Inpatient Hospital Services: DSH Adjustment Payments								
2A	Mental Health Facility Services: Regular Payments								
2B	Mental Health Facility Services: DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions 0								
15	EPSDT Screening Services								
16	Rural Health Clinic Services								
17A	Medicare Health Insurance Payments: Part A Premiums								
17B	Medicare Health Insurance Payments: Part B Premiums								
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty								
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty								

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

**Medical Assistance Expenditures By Type Of Service
 For The Medical Assistance Program
 Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
 Fiscal Year:

Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Deferral Or C.I.N. Number
		Total Comp.	FMAP 70.45%	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles							
18A	Medicaid Health Insurance Payments: Managed Care Organizations							
18B	Medicaid Health Insurance Payments: Prepaid Health Plans							
18C	Medicaid Health Insurance Payments: Group Health Plan Payments							
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles							
18E	Medicaid Health Insurance Program: Other							
19	Home And Community-Based Services							
20	Home And Community-Based Care For Functionally Disabled Elderly							
21	Community Supported Living Services							
22	Programs Of All-Inclusive Care Elderly							
23	Personal Care Services							
24	Targeted Case Management Services							
25	Primary Care Case Management Services							
26	Hospice Benefits							
27	Emergency Services Undocumented Aliens							
28	Federally-Qualified Health Center							
29	Other Care Services							
30	Total							

Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Form Approved
 OMB NO 0938-0067

**Expenditures for State and Local Administration
 For the Medical Assistance Program
 Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

	Administration Special Issue Reporting Program:	Total Computable	Federal Share			Total Federal Share
			FFP Rate	Federal Share	0.00%	
(A)	(B)	(C)	(D)			
1	Family Planning					
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities					
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors					
2C	Design Development Or Installation Of MMIS: Drug Claims System					
3	Skilled Professional Medical Personnel					
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions					
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors					
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities					
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors					
6	Peer Review Organizations					
7A	Third Party Liability: Recovery Procedure - Billing Offset					
7B	Third Party Liability: Assignment Of Rights - Billing Offset					
8	Immigration Status Verification System Costs (100% FFP)					
9	Nurse Aide Training Costs					
10	Preadmission Screening Costs					
11	Resident Review Activities Costs					
12	Drug Use Review Program					
13	Outstationed Eligibility Workers					
14	TANF Base					
15	TANF Secondary 90%					
16	TANF Secondary 75%					
17	External Review					
18	Enrollment Brokers					
19	Other Financial Participation					
20	Total					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO 0938-0067

**Expenditures for State and Local Administration
For the Medical Assistance Program
Prior Period Adjustments**

State:

**Quarter Ended:
Prior Fiscal Year:**

Line #							
	Administration Special Issue Reporting Program:	Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	0.00%		
(A)		(B)		(C)		(D)	(E)
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities						
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors						
2C	Design Development Or Installation Of MMIS: Drug Claims System						
3	Skilled Professional Medical Personnel						
4A	Operation Of An Approved MMIS: Cost Of In-House Activities						
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors						
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
6	Peer Review Organizations						
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						